



\$10-~~00~~ NON-REFUNDABLE FEE

For Ecology Use

Fee Paid _____

Date _____

State of Washington
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays: 37

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name BEACON POINT CO., JERRY REID, GEN. MGR. Home Tel: (360) 275-2038
Mailing Address 3330 KITSAP WAY Work Tel: (360) 377-0046
City BREHERTON State WA Zip+4 98312 + _____ FAX: (360) 479-0833

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name LEN PERRY Home Tel: (360) 321-4496
Mailing Address 3330 KITSAP WAY Work Tel: (360) 377-0046
City BREHERTON State WA Zip+4 98312 + _____ FAX: (360) 479-0833
Relationship to applicant EMPLOYEE

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 12 GPM (☒ gallons per minute or
☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the purpose(s)
of RESIDENTIAL WATER SYSTEM; 20 CONNECTIONS. ATTACH A "LEGAL"
DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not
sufficient. DRINKING WATER / SANITATION / KITCHEN USES
Estimate a maximum annual quantity to be used in acre-feet per year: 19.35

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From ____/____/____ to ____/____/____

Section 4. WATER SOURCE

If SURFACE WATER					If GROUNDWATER			
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:					A permit is desired for <u>1</u> well(s).			
Number of diversions: _____								
Source flows into (name of body of water): _____					Size & depth of well(s): <u>8" / 6" WELL ± 450' DEPTH</u>			
LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: <u>350 FT EAST / 130 FT SOUTH</u> <u>FM NW CORNER OF NW 1/4, SE 1/4, SECTION 1, TOWNSHIP 24N, RANGE 3W, W.H.</u>								
1/4 of	1/4 of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>NW</u>	<u>SE</u>	<u>1</u>	<u>24N</u>	<u>3W</u>	<u>MASON</u>			
For Ecology Use _____ Date Received: <u>11/25/02</u> Priority Date: <u>11/25/02</u>								
SEPA: Exempt/Not Exempt _____ FERC License # _____ Dept. Of Health # _____								
Date Accepted As Complete <u>12/30/02</u> By <u>SC</u> Date Returned _____ By _____ WRIA: <u>16</u>								

Appl. No.: 62-30089

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: NOT YET NAMED
- B. Briefly describe your proposed water system. (See instructions.)
DOMESTIC WATER SUPPLY FOR 20 SINGLE FAMILY RESIDENCES. SINGLE WELL @ ± 450' DEPTH, ± 5HP PUMP, STORAGE TANK & PUMP HOUSE, TO DISTRIBUTION PIPING TO 5 ACRE TRACTS. TO CONFORM TO CLASS A WATER SYSTEM REQS.
- C. Do you already have any water rights or claims associated with this property or system? ☒ YES ☐ NO
PROVIDE DOCUMENTATION. WATER RIGHT APPLICATION 92-28730 ATTACHED. CANCELLED BY DOE 2002.

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION
(Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: 20 Type of connection HOMES/RECREATIONAL
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☒ NO
If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☒ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☒ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION
(Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: _____
- B. List total number of acres for other specified agricultural uses:
- | | |
|-----------|-------------|
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
- C. Total number of acres to be covered by this application: _____
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
Add up the acreage in which you have a controlling interest, including only:
‡ Acreage irrigated under water rights acquired after December 8, 1977;
‡ Acreage proposed to be irrigated under this application;
‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 6000 acres? ☐ YES ☐ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO
If yes, enter permit no: _____
- E. Farm uses:
Stockwater - Total # of animals _____ Animal type _____ (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

17 MILES NORTH OF HOODSPORT ON HIGHWAY 101, TO BEACON PT DR.
ON LEFT.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? ☒ YES ☐ NO
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

OWNER: BEACON POINT CO., A LIMITED PARTNERSHIP
JERRY REID GENERAL PARTNER.

B. Does the applicant own the land on which the water source is located? ☒ YES ☐ NO
If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

x Jerry Reid
Applicant (or authorized representative)

11/22/02
Date

x Jerry Reid
Landowner for place of use (if same as applicant, write "same")

11/22/02
Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ (date).	

Ecology staff _____ Date _____

Ecology is an Equal Opportunity employer. To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).